

# Foggy Bottom Rental Agreement & Release from Liability

I agree to be responsible for said canoe or kayak and if lost, stolen, or damaged due to my negligence I will pay the full value as per the schedule shown below. I have examined the canoe or kayak and find the same to be in a safe condition of repair and seaworthy and I agree to return the same in the same general condition.

I agree to return said canoe, kayak, paddles and life jackets to Foggy Bottom or to an employee in good condition at the expiration of the agreement period and to be responsible for any damage while in my possession.

I further agree to hold harmless Foggy Bottom Canoe Rental of any and all claims growing out of the transportation or operation of this boat on land or on water during the period of this agreement. I will not hold Foggy Bottom Canoe Rental responsible for any accident or injury of any member in my party, including minors. I will not hold Foggy Bottom liable for any loss or injury.

I will not use intoxicants or drugs while on the canoe trip.

I understand that wearing a U.S. Coast Guard approved flotation device is an important safety precaution. If a member of my party is under thirteen (13) or a non-swimmer, a life jacket will be worn at all times while on the river.

Equipment replacement schedule:

Canoe - \$775.00, Canoe Paddles - \$15.00, Kayak - \$400.00, Kayak Paddles - \$29.00, Life Jackets - \$10.00

Canoes	Trip	Price	Approximate Launch	Approximate Due In
	Ball Park	\$29.95		
	70 - Harris St.	\$34.00		
	Loop	\$32.00		
	All Day	\$36.00		

Kayaks	Ball Park	70 - H.S.	Loop	All Day	Launch Time	Due In
1 Kayak: \$29.95						
2 Or More: \$25.00						

SHUTTLE VEHICLE? \_\_\_\_\_

TOTAL DUE: \$ \_\_\_\_\_

## CUSTOMER INFORMATION FILL IN BELOW ONLY

NAME (PLEASE PRINT CLEARLY): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

VEHICLE DESCRIPTION: (EXAMPLE: RED FORD PICK-UP) \_\_\_\_\_

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I AGREE TO BE BOUND BY ITS TERMS:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OTHER ADULTS IN GROUP PLEASE SIGN BELOW OR ON REVERSE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_